

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

DEAN HELLER SECRETARY OF STATE

NAME PAIRICIA FOSTER MAILING ADDRESS 5340 N BLACE 120 CITY, STATE, ZIP PAHRUMP NU 89060 TELEPHONE CASE 775-751- 4200	LENGTH OF RESIDENCE LENGTH OF RESIDENCE VOTE				D TO
	, .	ANNUAL all elected and appointed public	1(g)]: CANDIDATE (no later than the 10th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	to fill une of an e appoin oi (within	INTMENT expired term elected or ited public fficer 30 days) NRS 559(1(a)
List all general sources of income for you and members of Social Solution Social Solution Decement Hurband's Pennin A		ears of age [NF	RS 281.571, S		on 1(b)]: Household Member
List each creditor to whom you or a member of your hou or deed of trust on real property which is not required to vehicle for personal use was retained by seller] [NRS 281.	be listed below, and (2) deb			rest in	
	•		•		

List each business entity (i.e., organization, business, trust joint venture, sy involved as a trustee, beneficiary of a class of stock or security representing INRS 281.571, Subsection 1(f):	ndicate, corporation or a trust, director, officer, o	association) wner in who	with which you le or in part, I	ou or a member of imited or general pa	your hous artner, or h	ehold is older of
[NRO 201.371, Subsection 1(1)].					Self	Household
	May					Member
					_	
					_ [_	<u>-</u>
			• • •		_ Ц	
					_ ∐	
	- Automa					
List specific location and particular u your household has a legal or benefic state or an adjacent state [NRS 281.57 Specific Lo	cial interest; (2) the fair r	ner tnan pers market value	of which is \$	2,500 or more; and	u or a me (3) locate	mper or d in this
List the identity of donor and value of during the preceding taxable year [e: consanguinity or affinity; and (2) cere occasion if the donor does not have a [NRS 281.571, Subsection 1(e)]:	xcept (1) a gift received emonial gifts received for a substantial interest in y	from a pers r a birthday,	on who is rela wedding, ann	ated to you within t iversary, holiday oi	he third de r other cer on]	emonial
	Donor			\$	Value of	Gift
	you			\$ \$ \$ \$		
THE INFORMATION I HAVE PROVI	•	_		·1 —	-	
Date: Jaw 14, 2005	Signature:	alru	wa C.	Farter		